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|---|---------------|---|--|--|----------|---|----------|--|---------------|--|----------|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |               | <b>Docket No. (Optional)</b><br>01780/100G910-US3 |  |  |          |   |          |  |               |  |          |  |          |
| In re Application of     David P. Macadam et al.  |               |   |  |  |          |   |          |  |               |  |          |  |          |
| Application Number<br>10/618,441  |               | Filed<br>July 11, 2003                            |  |  |          |   |          |  |               |  |          |  |          |
| For:     METHODS FOR PROCESSING ELECTROCARDIAC SIGNALS<br>HAVING SUPERIMPOSED COMPLEXES   |               |   |  |  |          |   |          |  |               |  |          |  |          |
| Art Unit     N/A  |               | Examiner     Not Yet Assigned                     |  |  |          |   |          |  |               |  |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$     950.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     04-0100</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the     <input type="checkbox"/> applicant/inventor.</p> <p>                 <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>                                 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p>                 <input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p>                 <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>                                 Registration number if acting under 37 CFR 1.34(a)     86 195</p> <p>February 25, 2004     _____<br/>Date     Signature</p> <p>(212) 527-7700     David Leason<br/>Telephone Number     Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |               |   |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$     950.00 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ _____      |   |  |  |          |   |          |  |               |  |          |  |          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$ _____      |   |  |  |          |   |          |  |               |  |          |  |          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$     950.00 |   |  |  |          |   |          |  |               |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____      |   |  |  |          |   |          |  |               |  |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____      |   |  |  |          |   |          |  |               |  |          |  |          |

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